

Rowan University

Rowan Digital Works

Theses and Dissertations

5-11-2006

The effects of social skills training to increase appropriate behaviors of elementary students with disabilities in physical education

Rachel P. White
Rowan University

Follow this and additional works at: <https://rdw.rowan.edu/etd>



Part of the [Special Education and Teaching Commons](#)

Let us know how access to this document benefits you - share your thoughts on our feedback form.

Recommended Citation

White, Rachel P., "The effects of social skills training to increase appropriate behaviors of elementary students with disabilities in physical education" (2006). *Theses and Dissertations*. 954.
<https://rdw.rowan.edu/etd/954>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact LibraryTheses@rowan.edu.

THE EFFECTS OF SOCIAL SKILLS TRAINING TO INCREASE APPROPRIATE
BEHAVIORS OF ELEMENTARY STUDENTS WITH DISABILITIES IN PHYSICAL
EDUCATION

By
Rachel P. White

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
Of
The Graduate School
At
Rowan University
May 11, 2006

Approved by _____
Professor

Date Approved 5/11/06

© 2006

ABSTRACT

Rachel P. White

THE EFFECTS OF SOCIAL SKILLS TRAINING TO INCREASE APPROPRIATE BEHAVIORS OF ELEMENTARY STUDENTS WITH DISABILITIES IN PHYSICAL EDUCATION

2005/06

Dr. Joy Xin

Master of Arts in Special Education

The purpose of this study was to evaluate the effects of a social skills training program provided by the researcher during physical education classes. Four male students ages 7 and 8 participated in the study once a week for 45 minutes.

Direct observations were used to collect data on the targeted social skills of sharing, taking turns, saying "Please" and "Thank-you", and displaying good sportsmanship before, during and after the training. A single subject design with ABC phases was used to record student behaviors.

The results indicate that all students increased the appropriate target behaviors and reduced inappropriate behaviors during the intervention phase. During the maintenance phase, students' appropriate behaviors were reduced slightly. Future studies to lengthen the intervention phase was recommended to sustain appropriate behaviors.

Acknowledgements

I would like to thank my classmates, Ken, Kathy, Tara x2, Regis and Herb, and my family and friends for all their help and support throughout this long process. Also, Thank-you to Dr. Xin for all the countless revisions or this paper would not be complete.

Table of Contents

Chapter 1: Introduction.....	1-6
Statement of the Problem.....	1-3
Significance of the Study.....	4
Purpose of the Study.....	5
Research Questions.....	5
Definitions.....	6
Chapter 2: Literature Review.....	7-18
Social Skills Problems of Children with Disabilities.....	7-11
Social Skills Problems of Children with Disabilities in P.E.....	12-15
Social Skills Training.....	15-17
Summary.....	17-18
Chapter 3: Method.....	9-23
Participating Students.....	19-20
Setting.....	20
Research Design.....	20-21
Materials.....	21
Observation Form.....	22
Procedures.....	22-23
Chapter 4: Results.....	24-27
Chapter 5: Discussion	28-30

References.....	31-35
Appendix A: Core Curriculum Standards.....	36
Lesson Plan I.....	37
Lesson Plan II.....	38
Lesson Plan III.....	39-40
Lesson Plan IV.....	41
Appendix B: Letter of Consent.....	42

List of Figures

Figure 1 Sharing Equipment.....	24
Figure 2 Taking Turns.....	25
Figure 3 Saying “Please” and “Thank-you”.....	26
Figure 4 Displaying Good Sportsmanship.....	27

Chapter I

Introduction

Statement of the Problem

Students with disabilities typically have a wide range of significant social skill deficits (Mathur, Kavale, Quinn & Forness, 1999). These problems include inappropriate interaction, difficulty in communicating their physical or emotional needs and inadequate knowledge of social rules or manners. Often, these students are referred to special education programs primarily on the basis of deficits in social competency (Forness & Kavale, 1996).

Students with disabilities tend to exhibit less initiative in peer interactions, fewer positive social and cooperative behaviors than their non-disabled peers do. It has been found that nearly 75% of students with learning disabilities are set apart from their non-learning disabled peers by way of measures of social competence (Evans, Axelrod, & Sapia, 2000). Studies evidence that students' lack of appropriate social skills and strategies for dealing effectively in social situations are likely to present health problems and misbehaviors (Elliot & Gresham, 1993).

Few people question the importance of social competence in the overall development and adjustment of all children. Arguably, the ability to interact successfully with peers and significant adults is one of the most important aspects of a child's

development. The degree to which children are able to establish and maintain satisfactory interpersonal relationships, gain peer acceptance, and establish and maintain friendships, defines social competence and predicts adequate long-term psychological and social adjustments (Kupersmidt, Coie, & Dodge, 1990).

The Physical Education (PE) classroom is the ideal setting for the development of effective social living. It is essential that children learn the merits of participation, develop cooperative skills, handle competitive situations, and develop tolerance for each other in a variety of activities. The outcomes within physical education curriculum for social skills development revolve around state and national standards addressing this specific area.

Other than recess, PE may be the only opportunity for some students to engage in social interactions with others because the arrangement of many classrooms allows very little interaction. Furthermore, lackey children, who lock themselves in home after school with TV and computer games as companions, often have no peer interactions once they leave school.

Much of what children do during PE, including the sharing of folk culture (Bishop & Curtis, 2001), making choices, and developing rules for play, involves the development of social skills. According to observations during elementary school recess (Jarrett, 2001), children organize their own games, deciding on the rules and determining which team goes first or who is “it.” Game playing can occur in the classroom as well as on the playground, however, according to Hartup and Laursen (1993), game playing in the classroom is typically in a “closed setting” where the children cannot withdraw from the game. PE provides a more “open setting” where

children are free to leave the play situation.

In open settings, children must learn to resolve conflicts to keep the game going, resulting in low levels of aggression. Because PE is one of the few times in the school day when children can interact freely with peers, it is a valuable time in which teachers can observe children's behaviors, their tendency to bully and fight, as well as their leadership and pro-social behaviors (Kraft, 1989). Observing how students interact socially can help teachers intervene in situations involving aggression or social isolation. Successful intervention programs can help students learn social skills to build appropriate sportsmanship (Gallegos, 1998).

Social skills are a collection of isolated and discrete learned behaviors (Gallegos, 1998). Social competence refers to the smooth sequential use of these skills in an effort to establish an ongoing social interaction (Kemple, 1991). Social skills training is to integrate learning experience of appropriate behaviors into normal settings and situations. Presently, social skills have become a component of most school-wide curriculum. It varies depending on different levels of the intensity of problem behavior and different teacher's value systems. Research clearly demonstrates individuals with disabilities tend to be less accepted by peers, interact inappropriately in social situations, thus, they are socially imperceptive (Kemple, 1991). The goal for these children is to achieve an appropriate degree of social competence through social skills training (Kemple, 1991). Through training, school-aged children and adolescents will learn how to interact with their peers and to build friendships, so that social competence could be developed by learning appropriate skills for establishing and maintaining such a relationship.

Significance of the Study

Appropriate social skills are critical to successful functioning in life. These skills enable us to know what to say, how to make decisions, and how to behave in diverse situations. The extent to which children with disabilities possess appropriate social skills can influence their academic performance, behavior, social and family relationships, and involvement in extra curricular activities. Social skills are also linked to the quality of the school environment and safety.

While most children learn appropriate skills through their everyday interactions with adults and peers, it is important that educators and parents reinforce this incidental learning with direct and indirect instruction. In the past, schools have relied exclusively on families to teach children important interpersonal and conflict resolution skills. However, increased negative societal influences and demands on family life make it imperative that schools partner with parents to facilitate this social learning process. This is particularly true today given the critical role that social skills play in maintaining a positive school environment and reducing school violence. There are many studies in social skills training and its effects on behavior changes (Mathur, Kavale, Quin, & Forness, 1996). However, limited research is found in PE classes. Will social skills training affect student behaviors in such an environment where students are in an open space? This study attempts to examine the effects of social skills training for children with disabilities.

Purpose of the Study

The researcher choose to examine the effects of social skills training for children with multiple handicaps on appropriate behaviors during physical education. The training focuses on improving four specific social skills, mostly, the student's ability to (1) share equipment, (2) take turns, (3) be polite, e.g. say "Please and Thank-you" and (4) display good sportsmanship. The purpose of this study is to investigate if social skills training will increase the appropriate behavior of students with disabilities in PE class and to reduce their inappropriate behavior of students with disabilities.

Research Questions

1. Will social skills training increase the appropriate behavior of students with disabilities in PE class?
2. Will social skills training reduce the inappropriate behavior of students with disabilities in PE class?

Definitions

In this present study, the following terms are used:

1. *Appropriate Behavior*. respect for authority, respect for the rights of others, Respect for school and personal belongings; displaying honesty, good sportsmanship, keeping hands, feet and objects to self, raising hand to speak or use bathroom, showing good listening, using equipment when, how and where told, and following directions.
2. *Inappropriate Behavior*. lack of respect for authority, rights of others, for school and personal belongings. Also, dishonesty, poor sportsmanship, pushing/shoving, speaking when teacher or others are speaking, not listening or following directions, and using equipment without permission.
3. *Share Equipment*. wait for one's turn and give equipment to a partner when time is up.
4. *Take Turns*. wait patiently for one's turn in a game or an activity.
5. *Good Sportsmanship*. conforms to the sport rules. Being fair when following the rules of the game. It expresses an aspiration that the activity will be enjoyed for its own sake, not allowing the pressures of competition, or individual achievement work against the enjoyment by participants.

Chapter II

Literature Review

Social skills are important in a child's life. In this chapter, research on social skills of children with disabilities and social skills training as a means to increase appropriate behaviors of children with disabilities are reviewed.

Social Skills Problems of Children with Disabilities

In order to build gratifying human relationships, it is vital that children with disabilities learn and have the opportunity to practice the social skills considered appropriate by society. Some of the issues involved in teaching children with disabilities to conduct themselves in ways that allows them to develop relationships with their peers. Many will find this more difficult than their non-disabled peers because of learning or other cognitive disabilities, visual or hearing impairments, or a physical disability that limits their chances to socialize. Most, however, are capable of learning these important "rules" (Duncan & Canty-Lemke, 1986).

Consider how we ourselves learned society's social rules. As children, when we made mistakes we would be advised by our parents or others to correct. Sometimes we were punished, sometimes friends were mad at what we did or said, and given this feedback, we gradually learned. Unfortunately, all too often, this important feedback on performance is denied to those with disabilities (Duncan & Canty-Lemke, 1986).

For some, there is a presumption that they cannot learn the basics of social behaviors. For others, social isolation plays a key role. How can there be feedback on one's social skills when little socialization takes place?

Acquiring socialization skills does not happen overnight. These skills are developed across years of observation, discussion, practice, and constructive feedback. Some of the most important socializing skills those individuals with disabilities may have difficulty to learn include taking turns during conversations, maintaining eye contact, being polite, maintaining attention, repairing misunderstandings, finding a topic that is of mutual interest, and distinguishing social cues (both verbal and nonverbal). These are not impossible for individuals with disabilities to learn. According to Edwards and Elkins (1988), "socialization skills are learned every day" (p. 29). This training can begin at home, with the parents playing a vital role in helping a child learn how to socialize. Edwards and Elkins (1988) indicated, for example, when entertaining, parents should not have the child safely tucked into bed before guests arrive. Instead, make sure the child has a part to play in the festivities. This might include greeting people at the door, taking their coats, showing them to the chairs, or offering them food. This opportunity would be helpful to take one aspect at a time and practice it with the child in advance (e.g., how and when to shake hands). Even those with severe disabilities can be creatively included. It seems that, these early interactions lay the foundation for socializations in the future, many of which will take place outside of the home (Edward & Elkins, 1988).

As most children grow older, they interact more and more with people in situations where parental direct supervision is not possible. Drawing from what they

have learned at home about socializing, children make friends within their peer group and soon learn more about socializing, hopefully refining their social skills as they grow and mature. These friendships are important for all children to develop, not only because contact, understanding, and sharing with others are basic human needs. Friends also “serve central functions for children that parents do not, and they play a crucial role in shaping children’s social skills and their sense of identity” (Rubin, 1980).

Unfortunately, many children with disabilities are socially isolated (Rubin, 1980). They may have great difficulty building a network of friends and acquaintances with whom to share their feelings, opinions, ideas, and selves. A number of factors contribute to their isolation. The presence of a disability often make peers shy away. This may make transportation to and from social events difficult, may require special health care, or may make the individual with a disability reluctant to venture out socially. A lack of appropriate social skills may also contribute to a person’s social isolation (Rubin, 1980).

Friendships between children with and without disabilities have been an increasing concern of parents and teachers as more children with disabilities are included in regular education classrooms (Peck, Odom, & Bricker, 1993). One of the goals of inclusion is to foster positive social interaction among children with and without disabilities (Elliot & Gresham, 1993). Peck, Odom, and Bricker (1993) describe social interaction in the classroom as “the direct exchange of words, gestures, toys, or materials between two or more children.”(p. 41). Social interaction has been viewed as a chain of social behaviors in which social partners contribute different behaviors or links in a chain. The first behavior in the chain is often called a social initiation, and subsequent behaviors in the chain are called social responses. These behaviors are bi-directional or

reciprocal in nature, in that different partners in social interactions direct social behaviors to the other partner, who in turn directs social behaviors back to the original child (Peck, Odom, & Bricker, 1993).

Rewarding friendships and successful social interaction have been documented as especially important to children with disabilities. Negative experiences in social interaction with peers in early childhood are related to later emotional and mental health problems (Kemple, 1991). Children with disabilities who are placed in regular education settings often experience social rejection by peers without disabilities, tend to "display more social isolation, place more demands on teacher time, are less attentive, and more often the recipients of negative behaviors from normally developing children" (Hundert & Houghton, 1992, p. 311).

Despite the occasional warmhearted stories of a typically developing child asking a peer in a wheelchair or a friend with Down's Syndrome to a birthday party, teachers and parents often hear reports of isolation, exclusion, and rejection. These early experiences of rejection can lead to low self esteem and loneliness (Bullock, 1992). These negative interactions may contribute to "less favorable perceptions of school, higher levels of school avoidance and lower levels of school performance" (Kemple, 1991, p. 48). These can also have adverse effects on higher mental functions. When children have limited opportunity to watch, imitate, and interact positively with others, the development of higher levels of social, cultural, and psychological skills may be affected. Limited social experiences also may hinder language development, which, in turn, affects social interaction

It is important to note, however, that much of the information available on peer

interaction between children with and without disabilities is based on *informal measures* of feelings and attitudes of the typically developing children (Johnson & Johnson, 1990). For example, a child might be asked whether or not she would be willing to include a little boy who uses a wheelchair in a game of Candy land. A little boy might be asked if he would include another little boy with a visual impairment in the kitchen center. Consequently, the answers of the children (self-reporting measures) would be used to assume the children's attitudes regarding their peers with disabilities. Self-reporting is generally thought of as a weak measure of behavior and attitudes. Thus, the conclusions reached are based on "hypothetical interaction" between the children with and without disabilities. Research results based on formal assessment measuring children's actual interaction would be more reliable. Diamond (1994) indicated that the results of informal assessment of a peer's competence are limited because the respondent may not have been presented with the opportunity to interact with a child with a disability. In addition, a child without a disability may not be inclined to choose the peer with a disability as a friend, and, therefore, the typically developing child has little experience on which to base his or her opinion.

Children with multiple disabilities typically have a wide range of significant social skill deficits (Quinn, Kavale, Mathur, Rutherford, & Forness, 1998). Problems for these children involve interacting inappropriately, difficulty in communicating their physical or emotional needs, inadequate knowledge of social rules or manners, attention deficit hyperactivity disorder, depression, and learning disabilities. In fact, many students with multiple disabilities are identified and labeled primarily on the basis of deficits in social competency (Forness & Knitzer, 1992).

Social Skills Problems of Children with Disabilities in Physical Education

Elementary school children who exhibit behavior problems often demonstrate lower levels of psychomotor skills (Beauchamp, Darst, & Thompson, 1990). A practical approach to rectifying this problem is to modify instruction according to students' skill deficiencies. As their competency levels increase, children usually exhibit higher levels of motivation to learn and lower level of problematic behaviors. Conversely, reducing problematic behaviors should increase skill learning by providing more time for learning to occur.

Research (e.g. Beauchamp, Darst, & Thompson, 1990) has demonstrated that many teachers need to learn more effective and efficient methods of behavior management. Public school teachers participating in a survey conducted by the National Center for Educational Statistics (Downing., 1996) ranked dealing with student discipline and making schools safer as one of the highest priorities that school districts might adopt to increase teacher efficiency and encourage teachers to remain in their profession. Data collected from private schools evidenced similar results (Siedentop 1991; Fink & Siedentop, 1989). Brophy and Good (1986) indicated that class rules and routines are critical to the development of an organizational structure conducive to decreased managerial and behavior problems. Increasing Academic Learning Time, teachers who can efficiently manage time and behavior generally have increased academic learning time in physical education (ALT-PE), which Downing (1996) identified as a benchmark indicator of student achievement in physical education. In their study, ALT-PE was used as a measure of student on-task behavior and successful motor responses. The gymnasium, however, poses unique management problems. For

example, time is lost during transitions, entrance and exit routines, attendance procedures, skill demonstrations, and feedback delivery, and student-teacher ratios are escalating. Kelly (1989) found that 50% of the time can be considered to spend on task in a physical education environment. In order to meet this criterion, teachers must use their instructional time as efficiently as possible. An active behavior management program implemented in the early elementary years can help students reach this goal.

Reactive behavior incidents reduce academic learning time in a typical elementary physical education class. For example, if there are five behavior problems in a 30-minute class and each incident lasts two minutes, 10 minutes of instructional time is lost. Using Kelly's (1989) 50% criterion for time on task in a typical physical education class, this case scenario leaves only five minutes for potential learning. Active behavior management programs have greater potential for alleviating these types of problems. They provide a systematic approach to reducing behavior problems and increasing students' time on task.

According to Allison, Basile, and MacDonald (1991), an active behavior plan in physical education at the elementary level include: (1) rule establishment, (2) a record keeping-system, (3) a procedure for individual positive feedback, (4) a procedure for group positive feedback, (5) consequences of group misbehavior, and (6) consequences of individual misbehavior.

Physical activity is vital for a healthy lifestyle for children with and without disabilities. A physical activity-based program is easy to implement and has been shown to be effective in managing many types of inappropriate behaviors (Allison, Basile, & MacDonald, 1991).

Children with disabilities may experience initial difficulties in physical activity programs because of their inability to cope with the variety of auditory, visual, and tactile stimuli in wide-open spaces (American Psychiatric Association, 1994). This inability may be demonstrated by various behaviors, such as over-sensitivity to stimuli (i.e. outbursts, pacing, hand flapping, walking around), deficits in speech, language, and cognitive capacities, desire to avoid changes in routines, and difficulties transferring lessons from one setting to another.

Children with disabilities may also experience deficits in interpersonal relationships, without seeking or readily accepting affection, avoiding play with peers or participating in physical activities, and avoiding eye contact. Exhibiting self-stimulatory or stereotypic behaviors, or being unable to relate normally to other people and situations are also typical of young children with disabilities (American Psychiatric Association, 1994).

In addition, children with disabilities may possess low levels of physical fitness (Auxter, Pyfer, & Heuttig, 1997). This can be compounded by the fact that this population tends to have lower levels of interest or motivation to participate in games. Physical activity programs for children with disabilities may promote appropriate behaviors and improve their cardiovascular endurance at the same time (Berkeley & Zittel, 1998).

Teachers may have to overlook some inappropriate behaviors when initiating physical activities for children with disabilities. Initially, benefits gained from participation may be more important than upsetting the child by trying to address behaviors (Berkeley & Zittel, 1998). As the child becomes acclimated to changes in

routines required by initiating participation in a physical activity program, steps can be taken to address behaviors.

Teachers that use creative teaching techniques may be able to increase the participation of children with disabilities. For example, changing activities frequently, employing learning situations and planning transitions between stations may help overcome their short attention spans. Care should be taken to address one sensory modality at a time and to make certain a child's preferred sensory modality is targeted. Presenting more than one relevant stimulus at a time guarantees that the child with disabilities would not miss some part of the lesson. It is also important to understand the preferred sensory modality so as to develop individual lessons addressing that sensory mode.

Social Skills Training

Social skills training (SST) is a popular intervention for students with disabilities. The most effective SST strategies appear to be some combination of modeling, coaching and reinforcement (Gresham, 1992). Students who are antisocial in general function approximately have one standard deviation below their peers. The researchers (e.g. Kohler, Anthony, Steighner, & Hoyson, 2002) believe the deficiency results from cognitive distortions as well as cognitive deficits. This implies that a child needs to be taught strategies to accurately interpret his or her social environment in order to develop pro-social skills.

Kohler, Anthony, Steighner, and Hoyson (2002) conducted a study with the purpose of increasing social interaction skills of four preschool children with disabilities.

Experimental sessions occurred during 10 minutes of daily periods in which all children in the class was free to select from six to eight different activities. Prior to the study, naturalistic teaching tactics designed to stimulate children's play and interaction with others were taught to four teachers. A multiple baseline design was used to examine three different conditions. The first condition consisted of the teachers using these new tactics with no assistance from research staff. In the second condition, teachers received daily feedback and technical assistance. During the third condition, a maintenance phase, the technical assistance was withdrawn. Results indicated that all four teachers increased their social interactions during the second phase (Kohler, Anthony, Steighner & Hoyson, 2002). However, three teacher's social interaction relative to other active behaviors was twofold from the baseline phase (rang of 29%-35%). Two teachers continued to display high levels of interaction during the maintenance phase. One component of social skill training programs is cooperative learning. The study also found that students with severe learning and behavioral problems that were included in cooperative learning groups had more positive peer interactions during instruction. They formed more interpersonal attractions with other students in their group and had higher levels of academic achievement than did students mainstreamed into settings using individualized learning (Johnson & Johnson, 1990). Cooperative learning requires students both develop and present pro-social skills. In another study by Pepler, King, Craig, Byrd, & Beam (1995) nine targeted skills were evaluated in a social skills training program. There were groups of seven disabled children that attended two 75-minute sessions a week for 12-15 weeks. Group leaders employed social learning strategies for teaching social skills such as modeling, role-playing, performance feedback, and positive reinforcement. The

results indicated that social skills training increased children's appropriate behaviors and those studies showed evidence that were maintained at a 3- month follow up session. Social skills training was an effective tool to support students to successfully learn, apply and maintain the appropriate behaviors when they were taught.

Summary

The literature consistently reports that students with disabilities exhibit difficulties in the area of social skills. They have problems with social information processing and social perception. These students have difficulty interpreting social situations and predicting consequences in these situations. They also have difficulty encoding social information, interpreting this information, and selecting competent solutions to social situations (Axelrod, 1982). The literature also shows that many students with disabilities differ significantly from their non-disabled peers in the areas of interpersonal understanding and social competence (Meadan & Halle, 2004). Social skills Training is necessary to students with disabilities. Good social skills are critical to successful functioning in life. These skills enable students to know what to say, how to make good choices and how to behave in diverse situations. The extent to which children and adolescents possess good social skills can influence their academic performance, behavior, social and family relationships, and involvement in extracurricular activities. Social skills are also linked to the quality of the school environment and school safety.

While most children pick up positive skills through their everyday interactions with adults and peers, it is important that educators and parents reinforce this casual learning with direct and indirect instruction. We must also recognize when and where

children pick up behaviors that might be detrimental to their development or safety. In the past, schools have relied exclusively on families to teach children important interpersonal and conflict resolution skills. However, increased negative societal influences and demands on family life make it imperative that schools partner with parents to facilitate this social learning process. This is particularly true today given the critical role that social skills play in maintaining a positive school environment and reducing school violence.

Chapter III

Method

Participating Students

The subjects for this study were selected from a mainstreamed regular education classroom from a school located in a suburban area of Southern New Jersey. Each subject was diagnosed with a variety of disorders and deficits according to the state criteria and their Child Study Team's assessment. They were placed in the mainstreamed classroom for PE with 22 regular children. All participants were males between 7 and 8 years of age. A total of four subjects were included in this study. Subject 1 and 2 were African American. Subjects 3 and 4 were Caucasian. Their information is described as follows.

Student 1 was diagnosed with Cerebral Palsy, Autism, and Oppositional Defiance Disorder (OPD). The behavior objectives indicated in the IEP are: initiation of social interaction, sharing, taking turns and communicating "Please" and "Thank-you".

Student 2 was diagnosed with Autism and Learning Disabilities (LD). The behavior objectives indicated in the IEP are: sharing, taking turns, alertness to social contexts and appropriate behaviors asking for help and information, and communicating "Please" and "Thank-you".

Student 3 was diagnosed as Learning Disabled (LD), Emotionally Disturbed (ED) and Oppositional Defiant (OD). The behavior objectives indicated in the IEP are: reciprocity,

initiating interactions, maintaining eye contact, sharing, empathy, communicating “Please” and “Thank-you” and inferring the interests of others.

Student 4 was diagnosed as Learning Disabled (LD), Emotionally Disturbed (ED) and Oppositional Defiant (OD). The behavior objectives indicated in the IEP are: sharing, taking turns, alertness to social contexts and appropriate behaviors, asking for help and information, initiating interactions and communicating “Please” and “Thank-you”.

Setting

The social skills training took place in the gymnasium. This is an open setting for PE classes. Students were sitting on the black circle when the social skills training was delivered. There were four lessons in the training process, including modeling and practice to increase appropriate behaviors in PE. During each lesson, a TV/DVD was used to demonstrate appropriate skills, and scenarios were provided for discussion and application. Direct observations before, during and after the training also took place in the gymnasium during the PE class. The teacher aide served as the observer would sit on the sideline when students were instructed in activities. Each observation lasted 45 minutes.

Research Design

For this study, the researcher chose to use a single subject design with ABC phases to examine the effects of a social skills training program (structured social skill lessons and cooperative learning) on appropriate student behavior during PE. The researcher focused on the achievement to increase four specific social skills. The

student's ability to (1) use equipment properly, (2) take turns, (3) say "Please" and "Thank-you" and (4) display good sportsmanship throughout baseline, intervention, and maintenance phases.

The independent variable, the social skill training program, was given to all four participants during PE class. This was implemented after baseline data had been collected. After a four-week intervention, the maintenance data was collected. Data was collected for all four of the dependent variables (targeted social skills) through direct observations.

Materials

The researcher designed this type of training unit especially for students who are multiply handicapped. Social skill development is an important factor in friendship, self-esteem, appropriate choice making and goal setting. For children who are in special education settings, social skills are a necessity for their success in society.

A variety of materials for the social skills training were used in this study. The videos "The Friendship Song", "Please and Thank-you" and "Manners" by Barney were shown. These videos invite students to a purple party with Barney and his friends as they learn all about etiquette, manners, and friendships. Barney's friends are questioning why manners and friendships are so important and their purple pal helps his friends learn about etiquette and friends by bringing rhymes to life and taking the children on a magical trip to a tea party. Other materials used were several different sizes, shape, color and textured balls, chalk and chalkboard, crayons, stickers, and worksheets.

Observation Form

A checklist was developed by the researcher for use of observing student behaviors. The checklist included the four student names and the targeted social skills. A frequency recording technique was used during the observations. Each time a student displayed the appropriate targeted behaviors, a tally mark was placed on his/her chart next to the social skill exhibited. This form was used before, during and after the social skills training.

Procedure

Social Skills Training Program

To begin the social skill training program, the students were introduced to some new words to help them identify appropriate social behaviors. The students were then questioned about instances in which they had seen appropriate social behavior. They were asked to demonstrate the appropriate social behaviors requested by the teacher (sharing, taking turns, saying “Please” and “Thank-you”, and displaying good sportsmanship) during contrived settings and lessons in the gym. Finally, they were asked to identify situations in which children were demonstrating the appropriate social behavior by circling pictures that showed children sharing or taking turns. The entire unit plan was directed towards children from ages of 5-8 with multiple disabilities. A total of four lessons were taught to implement the unit. It was conducted one day per week for four weeks following the lesson plans (See lesson plans in Appendix A).

The social skill lessons were taught on Tuesday and Thursday afternoons every week during the intervention phase. Modeling, role-playing, singing songs and cooperative learning techniques were used throughout the lessons. Students were

rewarded with treats on a schedule for the entire duration of the intervention phase when they were able to use equipment properly, take turns, say “Please” and “Thank-you” and display good sportsmanship. The subjects were assessed at the end of the intervention by taking a quiz on the four targeted social skills. Each subject had to identify pictures in which the children were either showing negative (crossing out) or positive (circling) behaviors.

The entire study spanned over a 10 week period. Physical and verbal responses were used to track each subject’s independent progress. The classroom teacher and teacher assistants also rewarded the students for appropriate social behavior throughout the school day. The classroom staff was notified in the beginning of the study about the four specific skills, which the researcher chose to focus on, and how prompting could alter the results of this study. During the collection of the baseline data, the classroom staff was not notified of any of the future conditions to insure a natural environment for the students.

Observation Procedure

The researcher chose to collect data on the frequency of demonstrated appropriate social skills through direct observations. Data were collected using the observation form to record each participating student’s appropriate behaviors during PE classes with each class of approximately 45 minutes. After each observation, the recording staff checked with the researcher to ensure their agreement on the data accuracy.

Chapter IV

Results

This chapter provides results of the social skills training and its impact on student behaviors.

Figure 1 presents student appropriate behaviors before, during and after the social skills training with sharing equipment. In Phase I, baseline, all four students were observed in 3 PE classes. The sharing behavior was observed and tallied during the 45 minute class. The students had very little social skills when it came to share equipment with others. In Phase II, intervention, all four students increased the appropriate behavior in sharing equipment. In Phase III, maintenance, their appropriate behavior reduced compared to Phase II but still increased comparing to the baseline.

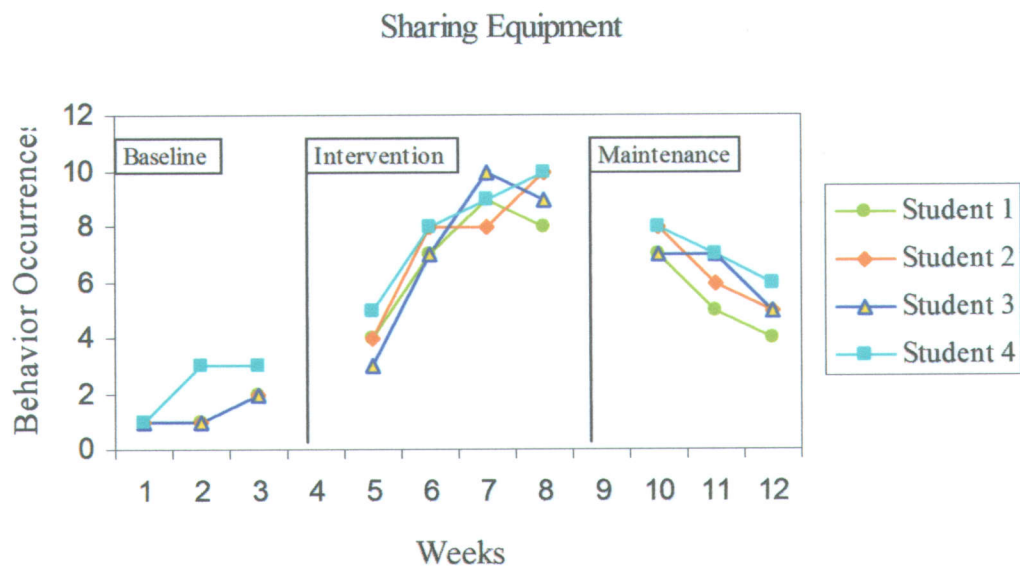


Figure 2 presents students appropriate behaviors before, during and after the social skills training with taking turns. In Phase I, baseline, all four students were observed in 3 PE classes. The turn taking behavior was observed and tallied during the 45 minute class. The students had very little social skills when it came to taking turns with others. In Phase II, intervention, all four students increased the appropriate behavior. In Phase III, maintenance, their appropriate behavior slightly decreased.

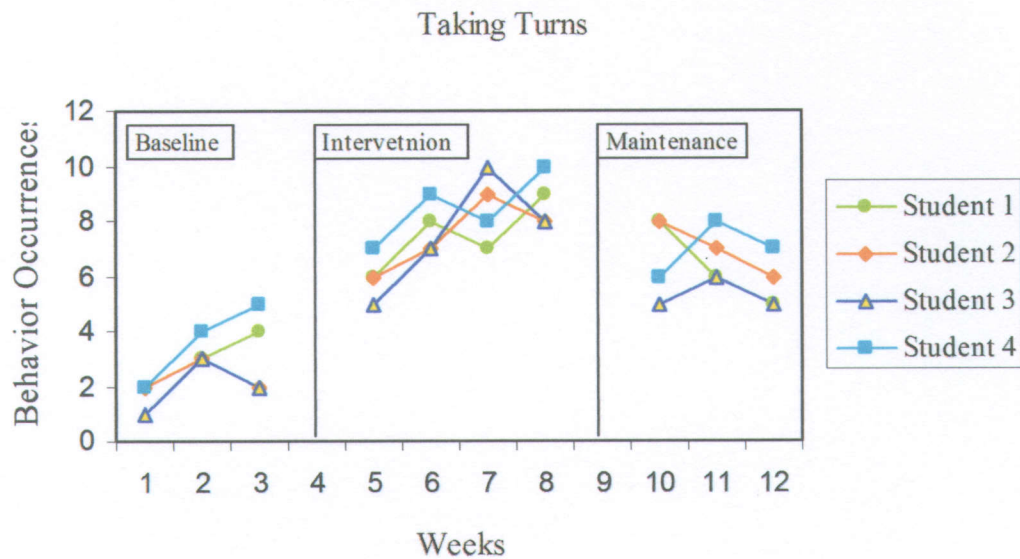


Figure 3 presents students appropriate behaviors before, during and after the social skills training with the behavior of saying "Please" and "Thank-you". In Phase I, baseline, all four students were observed in 3 PE classes. The behavior was observed and tallied during the 45 minute class. The students had very little social skills when it came to saying "Please" and "Thank-you" to the other students and teacher. In Phase II, intervention, all four students increased the appropriate behavior. In Phase III, maintenance, their appropriate behavior slightly decreased.

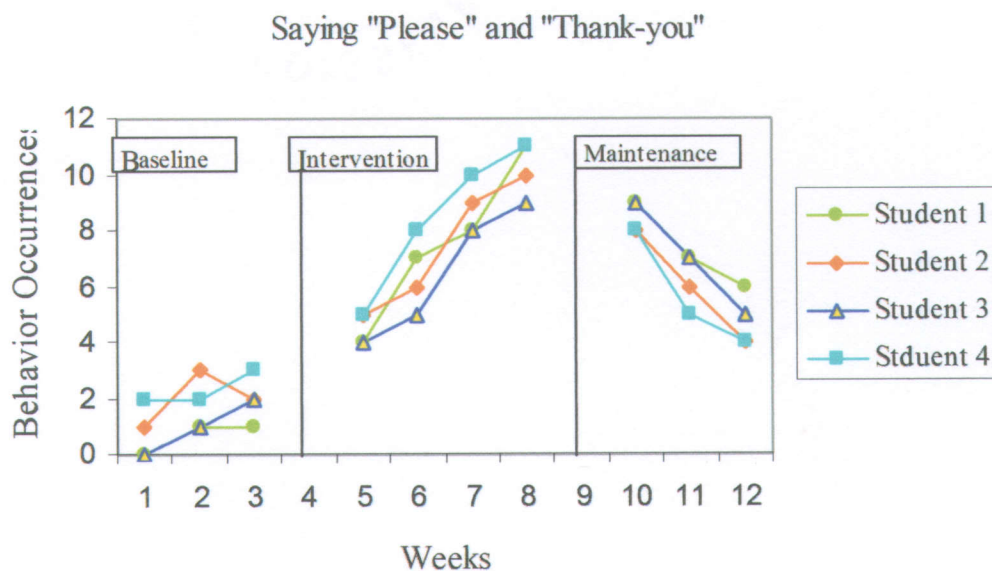
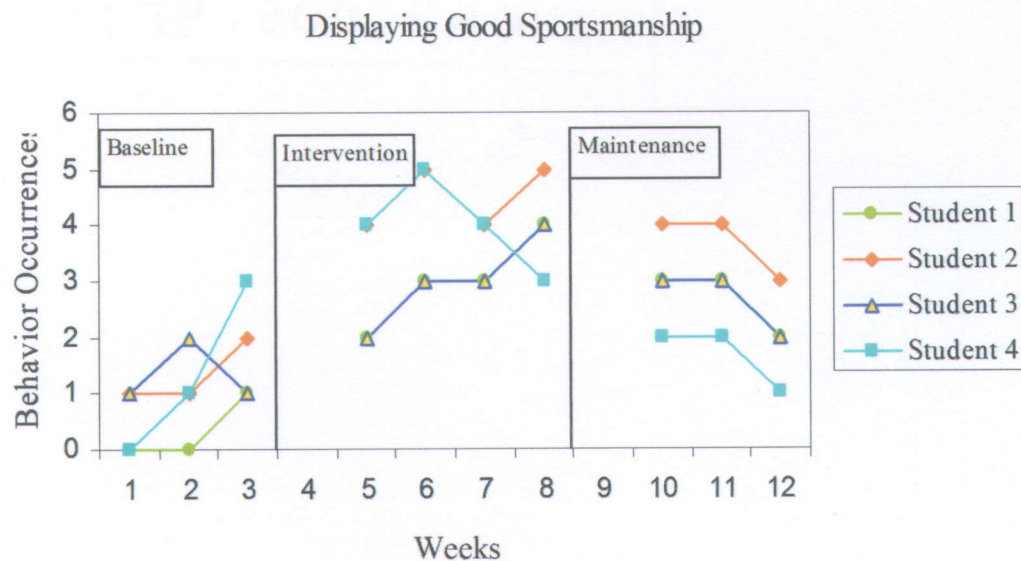


Figure 4 presents students appropriate behaviors before, during and after the social skills training with the behavior of displaying good sportsmanship. In Phase I, baseline, all four students were observed in 3 PE classes. The behavior was observed and tallied during the 45 minute class. The students had very little social skills when it came to displaying good sportsmanship or any sportsmanship at all. In Phase II, intervention, all four students increased the appropriate behavior. In Phase III, maintenance, their appropriate behavior slightly decreased.



Chapter V

Discussion

The purpose of this study was to increase social skills of students with disabilities in physical education. The focus was to examine student behavior change before, during, and after the social skills training. The results showed that social skills training does decrease students' inappropriate behaviors. At the same time, the target appropriate behaviors, sharing, taking turns, saying "Please" and "Thank-you", and displaying good sportsmanship were increased during the intervention phase of all subjects.

The first research question asked whether social skills training would increase appropriate behavior of students with disabilities in P.E. class. The results showed that children with disabilities had very little social skills before training occurred. During the baseline, all students showed few skills targeted in the training. All four targeted social skills were increased during the intervention phase. During the maintenance phase, the target behaviors reduced, however, they were still increased comparing to those in the baseline without the training.

The second research question asked whether social skills training would reduce inappropriate behavior of students with disabilities in P.E. class. During the baseline, all students exhibited inappropriate behaviors. During the intervention, social skills training was provided. Student's inappropriate behaviors were reduced during the intervention phase. During the maintenance phase, the inappropriate behaviors increased slightly,

however, they were reduced comparing to those in the baseline without training.

Through the social skills training program, a positive learning environment was created for the researcher, teacher, teacher-aide and students. For example, modeling was used in order to establish situations where students would learn exactly what was expected of them. The students began to demonstrate the four targeted social skills during the first week of the intervention phase. Then, they began to prompt each other during P.E. to use the targeted social skills and their appropriate behaviors were increased.

The study has several limitations. First, the time for intervention was only four weeks. The result would be limited by the short period of time. Second, there were only four students with disabilities in the P.E. class as samples. This limited the number of participating students may not provide sufficient data as a result.

In the future, the researcher recommends a longer time period be provided for social skills training so that target behaviors students learned in training can be maintained. A bigger sample of different classrooms from different schools should be used. An additional strategy, such as, a self-monitoring system could be used to allow students to track their own progress. The researcher also recommends that staff or classroom teachers are asked to cooperate in order to continue observing the target social skills throughout the day so that observation data could be consistent. Social skills training should begin in the preschool or kindergarten and be included in their curricular.

The development of social skills is an important aspect of young student's lives. Social skills promotes communication, problem-solving, decision making, self-

management, and peer relations that allow one to initiate and maintain positive social relationships with others. Deficits or excesses in social behavior interfere with learning, teaching, and the classroom's climate. Social competence is linked to peer acceptance, teacher acceptance, inclusion success and post school success. Many young students never learned "appropriate behaviors" for social settings. Displaying poor social skills are likely to get one rejected by others. As an educator, I believe we should systematically promote social skills as a component of any high-quality early and elementary curricular. Moreover, the development and maintenance of social skills should support children's acquisition of other important skills such as cognitive, communicative, and fine motor skills. It is imperative we as educators, administrators, and other professionals put forth the effort and work collaboratively to allow more opportunities for the success of students with disabilities in and out of school.

References

- Allison, D.B., Basile, V.C., & MacDonald, R.B. (1991). Comparative effects of antecedent exercise and the aggressive behavior of children with disabilities. *Journal of Autism and Developmental Disabilities*, 21(1), 89-94.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th Ed.). Washington, DC: Author.
- Auxter, D., Pyfer, J., & Huettig, C. (1997). *Principles and methods of adapted physical education and recreation*. (8th Ed.). St. Louis: Mosby.
- Axelrod, L. (1982). Social perception in learning disabled adolescents. *Journal of Learning Disabilities*, 15(10), 610-613.
- Beauchamp, L., Darst, P. W., Thompson, L. P. Academic learning time as an indication of quality physical education. *Journal of Physical Education, Recreation & Dance*, 61:92-95.
- Berkeley, S., & Zittel, L. (1998). Teaching the child with autism in physical education. *Achieving a Balance: Proceedings of the 6th National Conference on Adapted Physical Activity*. Western Illinois University: Macomb, IL.
- Bishop, J.C., & Curtis, M. (Eds.). (2001). Play today in the primary school Playground. *Philadelphia: Open University Press*.
- Brophy and Good (1986) Brophy, J. and Good, T. L. (1986). Teaching behavior and student achievement, In McWittrock (Ed.), *Handbook of research on teaching*, (3rd Ed.). New York: Macmillan.

- Bullock, J. R. (1992). Children without friends: Who are they and how can teachers help? *Childhood Education*, 69, 92-96.
- Diamond, K. E. (1994) Factors in pre-school children's social problem-solving strategies for peers with and without disabilities. *Early Childhood Research Quarterly*, 9(2), 195-206.
- Downing, J. H. (1996). Establishing a discipline plan in elementary physical education. *Journal of Physical Education, Recreation and Dance*, 65(5): 25-30.
- Duncan & Canty-Lemke, 1986). Duncan, D., & Canty-Lemke, J. (1986, May). Learning appropriate social and sexual behavior: The role of society. *Exceptional Parent*, 24-26. (A)
- Edwards, J.P., & Elkins, T.E. (1988). Just between us: A social sexual training guide for parents and professionals who have concerns for persons with retardation. Portland: Ednick. (B)
- Elliot, S.N., & Gresham, F.M. (1993). *Social skills intervention guide*. Circle Pines, MN: American Guidance Service.
- Evans, S.W., Axelrod, J.L., & Sapia, J.L. (2000). Effective school-based interventions: The development of a social skills training paradigm. *Journal of School Health*, 70, 191-194.
- Fink, J. and Siedentop, D. (1989). The development of routines, rules and expectations at the start of the school year. *Journal of Teaching in Physical education*. 3(1), 198-212.

- Forness, S.R., & Kavale, K.A. (1996). Treating social skills deficits in children with learning disabilities: A meta-analysis of the research. *Learning Disability Quarterly*, 19, 2-13.
- Forness, S., & Knitzer, J., (1992). A new proposed definition and terminology to replace "serious emotional disturbance" in Individuals with Disabilities Education Act. *School Psychology Review*, 21, 12-21.
- Gallegos, K. (1998). Inclusion, responsibility, and fair play can also be learned outside the classroom. *Thrust of Educational Leadership*, 28(1), 13. EJ 573 429.
- Gresham, F.M. (1992). Social skills and learning disabilities: Casual, concomitant or correlation? *School Psychology Review*, 21(3), 248-360.
- Hartup, W.W., & Larsen, B. (1993). Conflict and context in peer relations. In C.H. Hart (Ed.), *Children on playgrounds: Research Perspectives and Applications* (pp.44-48). Albany: State University of New York Press.
- Hundert, J., & Houghton, A. (1992, February). Promoting social interaction of children with disabilities in integrated Increasing Social Interactions 11 preschools: a failure to generalize. *Exceptional Children*, 58, 311-319
- Jarrett, O.S. (2001). Boys and girls at play: Games and recess at a southern urban elementary school. In S. Reifel (Ed.), *Play and Culture Studies*, Vol. 3: theory in context and out (pp.147-170). Westport, CT: Ablex.
- Johnson, D.W., & Johnson, R.T. (1990). Social skills for successful group work. *Educational Leadership*, 47(4), 29-33.

- Kelly, L. E. (1989). The effects of an assessment based physical education program on motor skill development in preschool children. *Education and Treatment of Children*, 12, 152-164.
- Kemple, K.M. (1991, July). Preschool children's peer acceptance and social interaction. *Young Children*, 46, 47-50
- Kohler, F. W., Anthony, L. J., Steighner, S. A., & Hoyson, M. (2002). Teaching social interaction skills in the integrated preschool: An examination of naturalistic tactics. *Topics in Early Childhood Special Education*, 21, 93-103.
- Kraft, R.E. (1989). Children at play: Behavior of children at recess. *Journal of Physical Education, Recreation, and Dance*. 60(4), 21-24. EJ 397 284.
- Kupersmidt, J., Coie, J., & Dodge, K. (1990). The role of peer relationships in the development of disorder. In S. Asher & J. Coie (Eds.), *Peer rejection in childhood* (pp. 274-308). New York: Cambridge University Press.
- Mathur, S., Kavale, K. Quinn, M. Forness, S., (1998). Social skills intervention with students with emotional and behavioral problems: A quantitative \synthesis of single subject research. *Behavioral Disorders*, 23, 193-201.
- Meadan, H. & Halle, J.W. (2004). Social perceptions of students with learning disabilities that differ in social status. *Learning Disabilities Research*, 19(2), 71-82.
- Peck, Odom, and Bricker (1993) Peck, C. A., Odom, S. L., & Bricker, D. D. (1993). Integrating young children with disabilities into community programs. Baltimore, MD: Paul H. Brookes Publishing Company.

- Pepler, D.J., King, G., Craig, W., Byrd, B., & Beam, L. (1995). The development and Evaluation of a multi-system social skills group training program for children with disabilities. *Journal of Child & Youth Care Forum*, 24(5), 297-313.
- Quinn, M., Kavale, K., Mathur, S., Rutherford, R., & Forness, S., (1998). Social skills intervention with students with emotional and behavioral problems: A quantitative synthesis of single subject research. *Behavioral Disorders*, 23, 193-201.
- Rubin, K. H. (1980). Fantasy play: Its role in the development of social skills and social cognition. In K. H. Rubin (Ed.), *Children's play: New directions for child development* (pp. 693-774). San Francisco: Jossey-Bass.
- Siedentop, D. (1991) *Developing Teaching Skills in Physical Education*. Palo Alto, CA: Mayfield.

Appendix A

Lesson Plans for Social Skills Training

- The following New Jersey Core Curriculum Content Standards (NJCCCS) and behavioral objectives were addressed through the implementing of the unit plan:
- 2.2 All students will learn health-enhancing personal, interpersonal, and life skills.
 - 3.1-3 Use oral communication to influence the behavior of others.
 - 3.1-4 Modify oral communication in response to the reactions of others.
 - 3.2 All students will listen actively in a variety of situations to information from a variety of sources.

Lesson Plan I

NJCCCS: 3.2, 2.2

- I. Objective: Students will recite the definition of sharing and taking turns with 80% accuracy.
- II. Material and equipment: Chalk, chalkboard, and “The Friendship Song” by Barney.
- III. Lesson topic: What it means to share and take turns.
- IV. Input and modeling: Questions- can anyone tell me what it means to share? Teacher writes definition on the board (sharing- when two or more people do something together) Does anyone know what it means to take turns? Teacher writes out definition on the board (taking turns- when you let someone else get a chance while waiting nicely). Students will listen as the teacher reads the definitions, then they will read them together 2 times. The students will listen to “The Friendship Song” by Barney.
- V. Student activity/Checking for understanding: The students will be asked to name activities they have shared or taken turns or have seen others doing. Then, the students will be asked to name objects that can be shared and play ground/PE equipment that requires them to take turns.

Lesson Plan II

NJCCCS: 3.1-3, 3.1-4, 2.2

- I. Objective: Students will say “Please” and “Thank-you” when appropriate to adults and other students with 80% accuracy.
- II. Materials and equipment: “Please and Thank-you” song by Barney, different Size, shapes, color and texture balls.
- III. Lesson Topic: Identifying when someone is not sharing and recognizing when it is appropriate to say “Please” and “Thank-you”.
- IV. Input and modeling: To start off the lesson, the “Please and Thank-you” song will be played. Next, the teacher will begin to play with a ball and not offer anyone else to play. Then, then teacher will question students, “what is wrong with this picture?” Finally, the teacher will tell students if they want a ball they must think of a nice way to ask.
- V. Student activity: As students start saying “Please” and asking for a ball appropriately, they will be rewarded verbally and allowed to play with their ball. The teacher will prompt students to say “Thank-you”. The requirement for saying “Please” and “Thank-you” may be repeated for choosing different color, sizes and texture balls.
- VI. Checking for understanding: Questions- “What did you have to do to get a ball?”, “What should you say when someone gives you something that you wanted?” and “When are other times that you might or should use these words?”

Lesson Plan III

NJCCCS: 2.2, 3.1-3, 3.1-4, 3.2

- I. Objective: Students will demonstrate appropriate sharing and taking turns behaviors in a verbal and behavioral context with 80% accuracy.
- II. Materials and equipment: Crayons, stickers, Barney video on taking turns- “manners”, all songs from lesson I and II, and worksheets to color.
- III. Lesson Topic: Sometimes you have to take turns and share information or objects with friends in order to get something you want.
- IV. Input and modeling: The Barney video will be shown and songs will be played to reinforce previous lessons. The teacher will tell the students that they have a chance to win a prize. The teacher will put stickers on the students’ foreheads (they will be told not to touch them). The students will get one guess to identify what is on their sticker to win a prize. The teacher will ask the students if they can think of a way to accomplish this without using a mirror. If they can not think of a way the teacher will ask, “Would it be easier if you had a partner?” Then, the students would be placed into pairs.
- V. Student activity: Each student will have to decide who will go first and who will go second in telling each other about their stickers. After they decide, the teacher will pass out prizes to those students who answer correctly and worked nicely together. Finally, the teacher will pass out a page to color with their partner using one pack of crayons. Both names will be placed on the paper and handed in.

- VI. Checking for understanding: “Was it easier to get a prize when you had friends help?”, “When are other times you might need friend help?” and “Did everyone remember to say “thank-you”?”

Lesson Plan IV

NJCCCS: 2.2

- I. **Objective:** Students will identify situations in which children are sharing, taking turns, using equipment properly or engaging in these activities by circling pictures with 80% accuracy.
- II. **Material and equipment:** Teacher will ask students to look at a specific page of their workbook. The teacher will read the questions at the bottom of the page. Next, the teacher will ask, “What is happening in this picture”? The teacher will ask students to decide whether “yes” or “no” is the appropriate response to the questions. Finally, the teacher will ask the students to role-play situations using the appropriate response.
- III. **Input and modeling:** The teacher will ask students to look at a specific page of their workbook.
- IV. **Student activity:** Students will circle “yes” or “no”. Next, students will color the pictures. Sometimes they will be required to share crayons, work on one picture with a partner and share a piece of equipment.
- V. **Checking for understanding:** Three assessment pages at the end of the “My Friendly Workbook” was given out at different times, one at the beginning, middle and end of the unit plan. Also, behavioral assessments were taken.

Appendix B

Letter of Consent

October 21,2006

Dear parents/Guardians of _____,

My name is Miss White. I am your child's Physical Education teacher for the 2005-2006 School year. As part of my continued educational goals, I am conducting an action research project that is a component for a Master's degree in Special Education. I am writing this letter to each child's household, asking permission to include their efforts in the research.

Information will be used from different activities and observations to help determine the level of social skills with each child. The curriculum will not be altered, only enhanced and reinforced to provide social skills necessary for each individual child in the Physical Education setting.

All findings, information, and data will be kept strictly confidential. All children who are involved with this project have their identities protected. At no time during project will a child ever be identified by name. The children will be told at the beginning that they are involved in the project.

Thank-you in advance for your participation and support. If you have any questions, please do not hesitate to contact me at Kresson Elementary School.

Sincerely,

Rachel White
Health/PE teacher

(***)*****

Parental/Guardian Consent for research Participation

_____ I GIVE my permission for my child to participate in the research project.

_____ I DO NOT GIVE my permission for my child to participate in the research project.

Student's Name _____

Parent/Guardian Signature _____

